

Substitute Bill No. 920

January Session, 2019



AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Section 19a-6i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):
- 3 (a) There is established a school-based health center advisory 4 committee for the purpose of advising the Commissioner of Public Health on matters relating to (1) statutory and regulatory changes to 5 6 improve health care through access to school-based health centers and 7 expanded school health sites, (2) minimum standards for the provision 8 of services in school-based health centers and expanded school health sites to ensure that high quality health care services are provided in 10 school-based health centers and expanded school health sites, as such 11 terms are defined in section 19a-6r, and (3) other topics of relevance to 12 the school-based health centers and expanded school sites, as 13 requested by the commissioner.
 - (b) The committee shall be composed of the following members:
- 15 (1) One appointed by the speaker of the House of Representatives, 16 who shall be a family advocate or a parent whose child utilizes school-17 based health center services;

- 18 (2) One appointed by the president pro tempore of the Senate, who shall be a school nurse:
- 20 (3) One appointed by the majority leader of the House of 21 Representatives, who shall be a representative of a school-based health 22 center that is sponsored by a community health center;
- 23 (4) One appointed by the majority leader of the Senate, who shall be 24 a representative of a school-based health center that is sponsored by a 25 nonprofit health care agency;
 - (5) One appointed by the minority leader of the House of Representatives, who shall be a representative of a school-based health center that is sponsored by a school or school system;
- 29 (6) One appointed by the minority leader of the Senate, who shall be 30 a representative of a school-based health center that does not receive 31 state funds;
- 32 (7) Two appointed by the Governor, one each of whom shall be a 33 representative of the Connecticut Chapter of the American Academy 34 of Pediatrics and a representative of a school-based health center that 35 is sponsored by a hospital;
 - (8) Three appointed by the Commissioner of Public Health, one of whom shall be a representative of a school-based health center that is sponsored by a local health department, one of whom shall be from a municipality that has a population of at least fifty thousand but less than one hundred thousand and that operates a school-based health center and one of whom shall be from a municipality that has a population of at least one hundred thousand and that operates a school-based health center;
- 44 (9) The Commissioner of Public Health, or the commissioner's designee;
- 46 (10) The Commissioner of Social Services, or the commissioner's

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- 47 designee;
- 48 (11) The Commissioner of Mental Health and Addiction Services, or
- 49 the commissioner's designee;
- 50 (12) The Commissioner of Education, or the commissioner's
- 51 designee;
- 52 (13) The Commissioner of Children and Families, or the
- 53 commissioner's designee;
- 54 (14) The executive director of the Commission on Women, Children
- and Seniors, or the executive director's designee; and
- 56 (15) Three school-based health center providers, one of whom shall
- 57 be the executive director of the Connecticut Association of School-
- 58 Based Health Centers and two of whom shall be appointed by the
- 59 board of directors of the Connecticut Association of School-Based
- 60 Health Centers.
- 61 (c) Any appointment that is vacant for one year or more shall be
- 62 made by the Commissioner of Public Health. The Commissioner of
- 63 Public Health shall notify the appointing authority of the
- commissioner's choice of member for appointment not less than thirty
- days before making such appointment.
- 66 [(c)] (d) The committee shall meet not less than quarterly. On or
- 67 before January 1, [2014] 2020, and [annually] biennially thereafter, the
- 68 committee shall report, in accordance with the provisions of section 11-
- 69 4a, on its activities to the joint standing committees of the General
- Assembly having cognizance of matters relating to public health and
- 71 education.
- 72 [(d)] (e) Administrative support for the activities of the committee
- 73 may be provided by the Department of Public Health.
- Sec. 2. Subsection (n) of section 22a-478 of the general statutes is

- repealed and the following is substituted in lieu thereof (*Effective July* 76 1, 2019):
- 77 (n) Notwithstanding any provision of sections 22a-475 to 22a-483, 78 inclusive, [to the contrary,] the Commissioner of Public Health may 79 make a project loan or loans in accordance with the provisions of 80 subsection (j) of this section with respect to an eligible drinking water 81 project without regard to the priority list of eligible drinking water 82 projects if [a public drinking water supply] an emergency exists, 83 [pursuant to section 25-32b] including, but not limited to, an unanticipated infrastructure failure, a contamination of water or a 84 85 shortage of water, which requires that the eligible drinking water 86 project be immediately undertaken to protect the public health and 87 safety.
- Sec. 3. Subdivision (4) of section 19a-36g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 90 1, 2019):
 - (4) "Class 2 food establishment" means a retail food establishment that does not serve a population that is highly susceptible to foodborne illnesses and offers a limited menu of food that is prepared [,] or cooked and served immediately, or that prepares [and] or cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling;
- 97 Sec. 4. Section 19a-36*l* of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):
 - The owner or operator of a food establishment aggrieved by an order to correct any inspection violations identified by the food inspector or to hold, destroy or dispose of unsafe food may appeal such order to the director of health not later than forty-eight hours after issuance of such order. The director of health shall review the request for an appeal and, upon conclusion of the review, may vacate, modify or affirm such order. If affirmed by the director of health, the

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106 corrective actions specified by the food inspector shall be so ordered 107 by the director of health. An owner or operator of a food [service] 108 establishment who is aggrieved by the affirmation or modification of 109 an order by the director of health, including, but not limited to, an 110 order to suspend the permit or license to operate the food [service] 111 establishment, may appeal to the department pursuant to section 19a-112 229. During such appeal, the order shall remain in effect unless the 113 commissioner orders otherwise.

- Sec. 5. Subsections (b) and (c) of section 19a-493 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):
- (b) (1) A nursing home license may be renewed biennially after (A) an unscheduled inspection conducted by the department, (B) submission of the information required by section 19a-491a, and (C) submission of evidence satisfactory to the department that the nursing home is in compliance with the provisions of this chapter, the Public Health Code and licensing regulations.
 - (2) Any change in the ownership of a facility or institution, as defined in subsection [(c)] (a) of section 19a-490, owned by an individual, partnership or association or the change in ownership or beneficial ownership of ten per cent or more of the stock of a corporation which owns, conducts, operates or maintains such facility or institution, shall be subject to prior approval of the department after a scheduled inspection of such facility or institution is conducted by the department, provided such approval shall be conditioned upon a showing by such facility or institution to the commissioner that it has complied with all requirements of this chapter, the regulations relating to licensure and all applicable requirements of the Public Health Code. Any such change in ownership or beneficial ownership resulting in a transfer to a person related by blood or marriage to such an owner or beneficial owner shall not be subject to prior approval of the department unless: (A) Ownership or beneficial ownership of ten per cent or more of the stock of a corporation, partnership or association

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which owns, conducts, operates or maintains more than one facility or institution is transferred; (B) ownership or beneficial ownership is transferred in more than one facility or institution; or (C) the facility or institution is the subject of a pending complaint, investigation or licensure action. If the facility or institution is not in compliance, the commissioner may require the new owner to sign a consent order providing reasonable assurances that the violations shall be corrected within a specified period of time. Notice of any such proposed change of ownership shall be given to the department at least [ninety] one hundred twenty days prior to the effective date of such proposed change. For the purposes of this subdivision, "a person related by blood or marriage" means a parent, spouse, child, brother, sister, aunt, uncle, niece or nephew. For the purposes of this subdivision, a change in the legal form of the ownership entity, including, but not limited to, changes from a corporation to a limited liability company, a partnership to a limited liability partnership, a sole proprietorship to a corporation and similar changes, shall not be considered a change of ownership if the beneficial ownership remains unchanged and the owner provides such information regarding the change to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution. For the purposes of this subdivision, a public offering of the stock of any corporation that owns, conducts, operates or maintains any such facility or institution shall not be considered a change in ownership or beneficial ownership of such facility or institution if the licensee and the officers and directors of such corporation remain unchanged, such public offering cannot result in an individual or entity owning ten per cent or more of the stock of such corporation, and the owner provides such information to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution.

(c) (1) A multicare institution may, under the terms of its existing license, provide behavioral health services or substance use disorder

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- treatment services on the premises of more than one facility, at a satellite unit or at another location outside of its facilities or satellite units that is acceptable to the patient receiving services and is consistent with the patient's assessment and treatment plan.
- (2) Any multicare institution that intends to offer services at a satellite unit or other location outside of its facilities or satellite units shall submit an application for approval to offer services at such location to the Department of Public Health. Such application shall be submitted on a form and in the manner prescribed by the Commissioner of Public Health. Not later than forty-five days after receipt of such application, the commissioner shall notify the multicare institution of the approval or denial of such application. If the satellite unit or other location is approved, that satellite unit or location shall be deemed to be licensed in accordance with this section and shall comply with the applicable requirements of this chapter and regulations adopted under this chapter.
- (3) A multicare institution that is a hospital providing outpatient behavioral health services or other health care services shall provide the Department of Public Health with a list of satellite units or locations when completing the initial or renewal licensure application.
- [(3)] (4) The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this subsection. The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this subsection while in the process of adopting such policies and procedures as regulation, provided the commissioner prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.
- Sec. 6. Subsection (n) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July*

- 205 1, 2019):
- 206 (n) "Multicare institution" means a hospital <u>that provides outpatient</u> 207 behavioral health services or other health care services, psychiatric
- behavioral health services or other health care services, psychiatric outpatient clinic for adults, free-standing facility for the care or
- treatment of substance abusive or dependent persons, hospital for
- 210 psychiatric disabilities, as defined in section 17a-495, or a general acute
- care hospital that provides outpatient behavioral health services that
- 212 (1) is licensed in accordance with this chapter, (2) has more than one
- 213 facility or one or more satellite units owned and operated by a single
- 214 licensee, and (3) offers complex patient health care services at each
- 215 facility or satellite unit. For purposes of this subsection, "satellite unit"
- 216 means a location where a segregated unit of services is provided by the
- 217 <u>multicare institution</u>;
- Sec. 7. Subsection (f) of section 19a-17 of the general statutes is
- 219 repealed and the following is substituted in lieu thereof (Effective July
- 220 1, 2019):
- 221 (f) Such board or commission or the department may take
- 222 disciplinary action against a practitioner's license or permit as a result
- of the practitioner having been subject to disciplinary action similar to
- 224 an action specified in subsection (a) or (d) of this section by a duly
- 225 authorized professional disciplinary agency of any state, the federal
- 226 government, the District of Columbia, a United States possession or
- 227 territory or a foreign jurisdiction. Such board or commission or the
- department may rely upon the findings and conclusions made by a
- 229 duly authorized professional disciplinary agency of any state, the
- 230 federal government, the District of Columbia, a United States
- 231 possession or territory or foreign jurisdiction in taking such
- 232 disciplinary action.
- Sec. 8. Section 17b-274a of the general statutes is repealed and the
- following is substituted in lieu thereof (*Effective July 1, 2019*):
- 235 The Commissioner of Social Services may establish maximum

- allowable costs to be paid under the Medicaid [and Connecticut AIDS]
- 237 drug assistance programs] <u>program</u> for generic prescription drugs
- based on, but not limited to, actual acquisition costs. The department
- shall implement and maintain a procedure to review and update the
- 240 maximum allowable cost list at least annually, and shall report
- 241 annually to the joint standing committee of the General Assembly
- 242 having cognizance of matters relating to appropriations and the
- budgets of state agencies on its activities pursuant to this section.
- Sec. 9. Subsection (a) of section 17b-274c of the general statutes is
- repealed and the following is substituted in lieu thereof (Effective July
- 246 1, 2019):
- 247 (a) The Commissioner of Social Services may establish a voluntary
- 248 mail order option for any maintenance prescription drug covered
- 249 under the Medicaid [or Connecticut AIDS drug assistance programs]
- 250 program.
- Sec. 10. Section 17b-274e of the general statutes is repealed and the
- 252 following is substituted in lieu thereof (*Effective July 1, 2019*):
- A pharmacist, when filling a prescription under the Medicaid [or
- 254 Connecticut AIDS drug assistance programs] program, shall fill such
- 255 prescription utilizing the most cost-efficient dosage, consistent with
- 256 the prescription of a prescribing practitioner as defined in section 20-
- 257 571, unless such pharmacist receives permission to do otherwise
- 258 pursuant to the prior authorization requirements set forth in sections
- 259 17b-274 and 17b-491a.
- Sec. 11. Subsection (a) of section 17b-491c of the general statutes is
- repealed and the following is substituted in lieu thereof (*Effective July*
- 262 1, 2019):
- 263 (a) On and after February 1, 2008, any pharmaceutical manufacturer
- of a prescription drug covered by the Department of Social Services
- 265 under [the Connecticut AIDS drug assistance program or] a state
- 266 medical assistance program administered by the department that is a

- 267 federally qualified state pharmacy assistance program shall provide
- 268 rebates to the department for prescription drugs paid for by the
- department under such program in unit rebate amounts equal to the
- 270 unit rebate amounts paid under the Medicaid program.
- Sec. 12. Section 19a-127r of the general statutes is repealed and the
- following is substituted in lieu thereof (*Effective July 1, 2019*):
- 273 [Notwithstanding the provisions of sections 17b-256, 17b-274a, 17b-
- 274 274c, 17b-274e and 17b-491c, the The Department of Public Health
- 275 may, within available resources, administer the Connecticut [Aids]
- 276 AIDS drug assistance program and Connecticut Insurance Premium
- 277 Assistance Program. The department may implement policies and
- 278 procedures necessary to administer the provisions of this section while
- in the process of adopting such policies and procedures as regulations,
- 280 provided the department posts such policies and procedures on the
- 281 eRegulations System prior to adopting them. Policies and procedures
- 282 implemented pursuant to this section shall be valid until regulations
- are adopted in accordance with chapter 54.
- 284 (b) [Notwithstanding the provisions of sections 17b-256, 17b-274a,
- 285 17b-274c, 17b-274e and 17b-491c, all] All rebates and refunds from the
- 286 Connecticut AIDS drug assistance program and Connecticut Insurance
- 287 Premium Assistance Program shall be paid to the Department of
- 288 Public Health.
- (c) Applicants for and recipients of benefits under the provisions of
- 290 this section shall enroll in or demonstrate ineligibility for Medicare
- 291 Part D.
- 292 (d) The Commissioner of Public Health may pay the premium and
- 293 coinsurance costs of Medicare Part D coverage for eligible applicants
- 294 or recipients.
- Sec. 13. Subsection (c) of section 19a-14b of the general statutes is
- repealed and the following is substituted in lieu thereof (Effective July
- 297 1, 2019):

- (c) The Department of Public Health [shall] <u>may</u> adopt regulations, in accordance with chapter 54, concerning radon in drinking water that are consistent with the provisions contained in 40 CFR 141 and 142.
- Sec. 14. Section 19a-37b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):
- The Department of Public Health [shall] <u>may</u> adopt regulations pursuant to chapter 54 to establish radon measurement requirements and procedures for evaluating radon in indoor air and reducing elevated radon gas levels when detected in public schools.
- Sec. 15. Section 19a-495a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):
 - (a) (1) The Commissioner of Public Health [shall] <u>may</u> adopt regulations, as provided in subsection (d) of this section, to require each residential care home, as defined in section 19a-490, <u>as amended by this act</u>, that admits residents requiring assistance with medication administration, to (A) designate unlicensed personnel to obtain certification for the administration of medication, and (B) ensure that such unlicensed personnel receive such certification and recertification every three years thereafter.
 - (2) [The] Any regulations adopted pursuant to this subsection shall establish criteria to be used by such homes in determining (A) the appropriate number of unlicensed personnel who shall obtain such certification and recertification, and (B) training requirements, including ongoing training requirements for such certification and recertification.
 - (3) Training requirements for initial certification and recertification shall include, but shall not be limited to: Initial orientation, resident rights, identification of the types of medication that may be administered by unlicensed personnel, behavioral management, personal care, nutrition and food safety, and health and safety in general.

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- (b) Each residential care home, as defined in section 19a-490, <u>as</u> <u>amended by this act</u>, shall ensure that an appropriate number of unlicensed personnel, as determined by the residential care home, obtain certification and recertification for the administration of medication. Certification and recertification of such personnel shall be in accordance with <u>any</u> regulations adopted pursuant to this section, except any personnel who obtained certification in the administration of medication on or before June 30, 2015, shall obtain recertification on or before July 1, 2018. Unlicensed personnel obtaining such certification and recertification may administer medications that are not administered by injection to residents of such homes, unless a resident's physician specifies that a medication only be administered by licensed personnel.
- (c) On and after October 1, 2007, unlicensed assistive personnel employed in residential care homes, as defined in section 19a-490, <u>as amended by this act</u>, may (1) obtain and document residents' blood pressures and temperatures with digital medical instruments that (A) contain internal decision-making electronics, microcomputers or special software that allow the instruments to interpret physiologic signals, and (B) do not require the user to employ any discretion or judgment in their use; (2) obtain and document residents' weight; and (3) assist residents in the use of glucose monitors to obtain and document their blood glucose levels.
- (d) The Commissioner of Public Health [may] shall implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the commissioner prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.
- Sec. 16. Section 19a-562b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

Each home health agency, residential care home and assisted living services agency, as those terms are defined in section 19a-490, as amended by this act, and each licensed hospice care organization operating pursuant to section 19a-122b shall provide training and education on Alzheimer's disease and dementia symptoms and care to all staff providing direct care upon employment and annually thereafter. The Commissioner of Public Health [shall] may adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section.

- Sec. 17. Section 19a-902 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):
- On or before January 1, 2011, the Department of Public Health, in consultation with the Department of Mental Health and Addiction Services, [shall] may (1) amend the department's substance abuse treatment regulations; (2) implement a dual licensure program for behavioral health care providers who provide both mental health services and substance abuse services; [and] or (3) permit the use of saliva-based drug screening or urinalysis when conducting initial and subsequent drug screenings of persons who abuse substances other than alcohol at facilities which are licensed by the Department of Public Health.
- Sec. 18. Subdivision (2) of subsection (b) of section 20-262 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):
 - (2) The Commissioner of Public Health, in consultation with the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians, shall adopt [regulations, in accordance with the provisions of chapter 54, to prescribe minimum curriculum requirements for hairdressing and cosmetology schools. The commissioner, in consultation with said board, may adopt] a curriculum and procedures for the approval of hairdressing and cosmetology schools. [, provided the commissioner prints notice of

- intent to adopt regulations concerning the adoption of a curriculum
- 395 and procedures for the approval of hairdressing and cosmetology
- 396 schools in the Connecticut Law Journal not later than thirty days after
- 397 the date of implementation of such curriculum and such procedures.
- 398 The curriculum and procedures implemented pursuant to this section
- 399 shall be valid until such time final regulations are adopted.] The
- 400 <u>commissioner shall post such curriculum on the Department of Public</u>
- 401 Health's Internet web site.
- Sec. 19. Subdivisions (10) to (13), inclusive, of section 19a-177 of the
- 403 general statutes are repealed and the following is substituted in lieu
- 404 thereof (*Effective July 1, 2019*):
- 405 [(10) Research, develop, track and report on appropriate
- 406 quantifiable outcome measures for the state's emergency medical
- 407 service system and submit to the joint standing committee of the
- 408 General Assembly having cognizance of matters relating to public
- health, in accordance with the provisions of section 11-4a, on or before
- 410 July 1, 2002, and annually thereafter, a report on the progress toward
- 411 the development of such outcome measures and, after such outcome
- 412 measures are developed, an analysis of emergency medical services
- 413 system outcomes;]
- 414 [(11)] (10) Establish primary service areas and assign in writing a
- 415 primary service area responder for each primary service area. Each
- 416 state-owned campus having an acute care hospital on the premises
- shall be designated as the primary service area responder for that
- 418 campus;
- 419 [(12)] (11) Revoke primary service area assignments upon
- 420 determination by the commissioner that it is in the best interests of
- 421 patient care to do so; and
- 422 [(13)] (12) Annually issue a list of minimum equipment
- 423 requirements for ambulances and rescue vehicles based upon current
- 424 national standards. The commissioner shall distribute such list to all

- 425 emergency medical service organizations and sponsor hospital medical
- directors and make such list available to other interested stakeholders.
- Emergency medical service organizations shall have one year from the
- date of issuance of such list to comply with the minimum equipment
- 429 requirements.
- Sec. 20. Subdivision (1) of subsection (g) of section 4-67x of the
- 431 general statutes is repealed and the following is substituted in lieu
- 432 thereof (*Effective July 1, 2019*):
- 433 (g) (1) On or before November first of each year from 2006 to 2014,
- inclusive, each budgeted state agency with membership on the council
- 435 that provides prevention services to children shall, within available
- 436 appropriations, report to the council in accordance with this
- subsection. [On or before November first of each year from 2015 to
- 438 2020, inclusive, each budgeted state agency that provides prevention
- services to children shall, within available appropriations, report to the
- joint standing committees of the General Assembly having cognizance
- of matters related to appropriations, human services and children in
- accordance with this subsection.
- Sec. 21. Subsection (a) of section 19a-6q of the general statutes is
- 444 repealed and the following is substituted in lieu thereof (Effective July
- 445 1, 2019):
- 446 (a) The Commissioner of Public Health, in consultation with the
- 447 executive director of the Office of Health Strategy, established under
- 448 section 19a-754a, and local and regional health departments, shall,
- within available resources, develop a plan that is consistent with the
- 450 Department of Public Health's Healthy Connecticut 2020 health
- improvement plan and the state healthcare innovation plan developed
- 452 pursuant to the State Innovation Model Initiative by the Centers for
- 453 Medicare and Medicaid Services Innovation Center. The commissioner
- 454 shall develop and implement such plan to: (1) Reduce the incidence of
- 455 [chronic disease, including, but not limited to, chronic cardiovascular
- disease, cancer, lupus, stroke, chronic lung disease, diabetes, arthritis

- 457 or another chronic metabolic disease and the effects of behavioral
- 458 health disorders] tobacco use, high blood pressure, health care
- 459 <u>associated infections, asthma, unintended pregnancy and diabetes;</u> (2)
- 460 improve chronic disease care coordination in the state; and (3) reduce
- the incidence and effects of chronic disease and improve outcomes for
- 462 conditions associated with chronic disease in the state.
- Sec. 22. Subsections (a) and (b) of section 19a-37 of the general
- statutes are repealed and the following are substituted in lieu thereof
- 465 (Effective July 1, 2019):
- 466 (a) As used in this section:
- 467 (1) "Laboratory or firm" means an environmental laboratory
- 468 registered by the Department of Public Health pursuant to section 19a-
- 469 29a;
- 470 (2) "Private well" means a water supply well that meets all of the
- 471 following criteria: (A) Is not a public well; (B) supplies a residential
- population of less than twenty-five persons per day; and (C) is owned
- or controlled through an easement or by the same entity that owns or
- controls the building or parcel that is served by the water supply;
- 475 (3) "Public well" means a water supply well that supplies a public
- 476 water system;
- 477 (4) "Well for semipublic use" means a water supply well that (A)
- does not meet the definition of a private well or public well, and (B)
- 479 provides water for drinking and other domestic purposes; and
- 480 (5) "Water supply well" means an artificial excavation constructed
- 481 by any method for the purpose of [getting] obtaining or providing
- 482 water for drinking or other domestic, industrial, commercial,
- 483 agricultural, recreational or irrigation use, or other outdoor water use.
- (b) The Commissioner of Public Health may adopt regulations in the
- Public Health Code for the preservation of the public health pertaining

- to (1) protection and location of new water supply wells or springs for residential <u>or nonresidential</u> construction or for public or semipublic
- use, and (2) inspection for compliance with the provisions of municipal
- 489 regulations adopted pursuant to section 22a-354p.
- Sec. 23. Subsection (a) of section 19a-36h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July*
- 492 1, 2019):

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- 493 (a) Not later than January 1, [2019] 2020, the commissioner shall 494 adopt and administer by reference the United States Food and Drug 495 Administration's Food Code, as amended from time to time, and any 496 Food Code Supplement published by said administration as the state's 497 food code for the purpose of regulating food establishments.
- Sec. 24. Subsection (b) of section 17a-101 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 1, 2019):
 - (b) The following persons shall be mandated reporters: (1) Any physician or surgeon licensed under the provisions of chapter 370, (2) any resident physician or intern in any hospital in this state, whether or not so licensed, (3) any registered nurse, (4) any licensed practical nurse, (5) any medical examiner, (6) any dentist, (7) any dental hygienist, (8) any psychologist, (9) any school employee, as defined in section 53a-65, (10) any social worker, (11) any person who holds or is issued a coaching permit by the State Board of Education, is a coach of intramural or interscholastic athletics and is eighteen years of age or older, (12) any individual who is employed as a coach or director of youth athletics and is eighteen years of age or older, (13) any individual who is employed as a coach or director of a private youth sports organization, league or team and is eighteen years of age or older, (14) any paid administrator, faculty, staff, athletic director, athletic coach or athletic trainer employed by a public or private institution of higher education who is eighteen years of age or older, excluding student employees, (15) any police officer, (16) any juvenile

or adult probation officer, (17) any juvenile or adult parole officer, (18) any member of the clergy, (19) any pharmacist, (20) any physical therapist, (21) any optometrist, (22) any chiropractor, (23) any podiatrist, (24) any mental health professional, (25) any physician assistant, (26) any person who is a licensed or certified emergency medical services provider, (27) any person who is a licensed or certified alcohol and drug counselor, (28) any person who is a licensed marital and family therapist, (29) any person who is a sexual assault counselor or a domestic violence counselor, as defined in section 52-146k, (30) any person who is a licensed professional counselor, (31) any person who is a licensed foster parent, (32) any person paid to care for a child in any public or private facility, child care center, group child care home or family child care home licensed by the state, (33) any employee of the Department of Children and Families, (34) [any employee of the Department of Public Health, (35)] any employee of the Office of Early Childhood who is responsible for the licensing of child care centers, group child care homes, family child care homes or youth camps, [(36)] (35) any paid youth camp director or assistant director, [(37)] (36) the Child Advocate and any employee of the Office of the Child Advocate, [(38)] (37) any person who is a licensed behavior analyst, and [(39)] (38) any family relations counselor, family relations counselor trainee or family services supervisor employed by the Judicial Department.

Sec. 25. Section 17a-227a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

(a) The Commissioner of Developmental Services shall require each applicant [for employment in a Department of Developmental Services program that provides direct services to persons with intellectual disability] who has been made an offer of conditional employment by the department to be fingerprinted and submit to state and national criminal history records checks. The criminal history records checks required by this section shall be conducted in accordance with section 29-17a. Employment by the department shall be considered

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conditional until the results of the criminal history records checks are received and reviewed by the department.

- (b) The commissioner may require providers licensed or funded by the department to provide residential, day or support services to persons with intellectual disability, to require each applicant [for employment] who has been made an offer of conditional employment and will have direct and ongoing contact with persons and families receiving such services to submit to a check of such applicant's state criminal background. If the department requires such providers to have such applicants who have been made an offer of conditional employment submit to such checks, the administrative costs associated with such checks shall be considered an allowable cost on the annual cost report. Employment by a provider licensed or funded by the department shall be considered conditional until the results of the background checks have been received and reviewed by the provider.
- Sec. 26. Subsection (h) of section 20-206bb of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 1, 2019):
 - (h) Notwithstanding the provisions of subsection (a) of this section, any person who maintains certification with the National Acupuncture Detoxification Association may practice the five-point auricular acupuncture protocol specified as part of such certification program as an adjunct therapy for the treatment of alcohol and drug abuse and other behavioral interventions for which the protocol is indicated, provided the treatment is performed under the supervision of a physician licensed under chapter 370 and is performed in (1) a private freestanding facility licensed by the Department of Public Health that provides care or treatment for substance abusive or dependent persons, (2) a setting operated by the Department of Mental Health and Addiction Services, or (3) any other setting where such protocol is an appropriate adjunct therapy to a substance abuse or behavioral health treatment program. The Commissioner of Public Health [shall] may adopt regulations, in accordance with the provisions of chapter

- 584 54, [to ensure the safe provision of auricular acupuncture in accordance with] to implement the provisions of this [subsection] section.
- Sec. 27. Section 7-406 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):
- 589 The board of finance or other corresponding board in each town, or, 590 if there is no such board, the selectmen, shall annually prepare and 591 have published a town report. Such report shall be available for 592 distribution and shall contain, in addition to reports of town officers or 593 boards required by law to be included, a statement of the amount 594 received by such town under the provisions of part IIa of chapter 240 595 together with an itemized account of the disposition of such amount, 596 and such other matter as the board of finance or other corresponding 597 board deems advisable. Towns with a population of five thousand or 598 less, as computed by the Secretary of the Office of Policy and 599 Management, shall publish their receipts and expenditures and the 600 names of all persons, firms or corporations, other than recipients of 601 support under sections 17b-122, 17b-124 to 17b-132, inclusive, as 602 amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, 603 inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-604 256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 605 17b-747, inclusive, receiving money from such towns, together with 606 the total amount of payments in excess of fifty dollars to each, unless such town has a bookkeeping system approved by the secretary setting 607 forth all the receipts and expenditures in detail, in which case it shall 608 609 not be necessary for the town to publish in its report the names of all 610 persons, firms or corporations receiving money from such towns, 611 together with the total amount of payments in excess of fifty dollars to 612 each.
- Sec. 28. Section 10a-194a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):
- The authority shall report the terms and conditions of all financings

- and refinancings of nursing homes to the Commissioner of Social
- 617 Services who shall make rate adjustments in accordance with the
- 618 provisions of sections 17b-122, 17b-124 to 17b-132, inclusive, as
- amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197,
- 620 inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-
- 621 256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to
- 622 17b-747, inclusive.
- Sec. 29. Subsection (b) of section 17a-600 of the general statutes is
- repealed and the following is substituted in lieu thereof (Effective July
- 625 1, 2019):
- (b) The expense of confinement, support and treatment of any
- acquittee committed to the jurisdiction of the board shall be computed
- and paid for in accordance with the provisions of sections 17a-528, 17b-
- 629 122, 17b-124 to 17b-132, inclusive, <u>as amended by this act</u>, 17b-136 to
- 630 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250,
- 631 inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-
- 632 350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.
- 633 Sec. 30. Subsection (b) of section 17b-124 of the general statutes is
- repealed and the following is substituted in lieu thereof (Effective July
- 635 1, 2019):
- (b) Each person having in his possession or control any property of
- 637 any person for whom an application has been filed for medical
- 638 assistance under sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-
- 639 136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-
- 640 250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to
- 641 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, or being
- 642 indebted to him, or having knowledge of any property or income,
- 643 including wages, belonging to him, or having knowledge of any other
- 644 information relevant to such person's eligibility for such assistance,
- and any officer having control of the books and accounts of any
- 646 corporation which has possession or control of any property or
- income, including wages, belonging to any such person, or is indebted

648 to him, or having knowledge of such information, shall, upon 649 presentation by a medical provider or its attorney of a signed 650 certificate stating that an application signed by such person has been made for medical assistance, make full disclosure to such provider as 651 652 to any such property or income, including wages or indebtedness or 653 such other information relevant to such person's eligibility. Any 654 person who violates any provision of this section shall be fined not 655 more than one hundred dollars and shall pay just damages to the 656 provider injured thereby.

- Sec. 31. Section 17b-126 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):
- 659 If any person receiving such aid neglects or refuses to sign such 660 agreement, the selectmen are authorized to file a lien against such property, or against the real property of any legally liable relative of 661 662 any person receiving aid or support under sections 17b-194, 17b-222 to 663 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, to 664 665 secure the disbursements of such town made prior to filing such lien 666 and any disbursements thereafter made, and such lien from the time of 667 filing shall have the same force and effect and may be foreclosed in the 668 same manner as any agreement provided for in section 17b-125.
- Sec. 32. Subsection (c) of section 17b-127 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 1, 2019):
 - (c) Any person who defrauds the town to obtain any monetary award to which such person is not entitled, assists another person in so defrauding the town or with intent to defraud, or violates any other provision of sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, shall be subject to the penalties for larceny under

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- sections 53a-122 and 53a-123, depending on the amount involved. Any
- 681 person convicted of violating this section shall be terminated from
- participation in the program for a period of at least one year.
- Sec. 33. Subsection (b) of section 17b-128 of the general statutes is
- repealed and the following is substituted in lieu thereof (Effective July
- 685 1, 2019):
- (b) Any town that overpays a person receiving financial assistance
- under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by
- 688 this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive,
- 689 17b-222 to 17b-250, inclusive, <u>as amended by this act</u>, [17b-256,] 17b-
- 690 263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747,
- 691 inclusive, shall recover such overpayment from such person's ongoing
- assistance. The amount of such recovery shall not exceed ten per cent
- of such person's ongoing benefit in any month.
- Sec. 34. Section 17b-129 of the general statutes is repealed and the
- 695 following is substituted in lieu thereof (*Effective July 1, 2019*):
- 696 (a) If any beneficiary of aid under sections 17b-122, 17b-124 to 17b-
- 697 132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive,
- 698 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as
- 699 amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive,
- 700 17b-689b and 17b-743 to 17b-747, inclusive, has a cause of action, a
- 701 town that provided aid to such beneficiary shall have a claim against
- 702 the proceeds of such cause of action for the amount of such aid or fifty
- 703 per cent of the proceeds received by such beneficiary after payment of
- all expenses connected with the cause of action, whichever is less,
- 705 which shall have priority over all other unsecured claims and
- 706 unrecorded encumbrances. Such claim shall be a lien, subordinate to
- any interest the state may possess under section 17b-94, against the
- 708 proceeds from such cause of action, for the amount established in
- accordance with this section, and such lien shall have priority over all
- other claims except attorney's fees for such causes of action, expenses
- of suit, costs of hospitalization connected with the cause of action by

whomever paid, over and above hospital insurance or other such benefits, and, for such period of hospitalization as was not paid for by the town, physician's fees for services during any such period as are connected with the cause of action over and above medical insurance or other such benefits. Where the state also has a claim against the proceeds of such cause of action under section 17b-94, the total amount of the claims by the state under said section and the town under this subsection shall not exceed fifty per cent of the proceeds received by the recipient after the allowable expenses and the town's claim shall be reduced accordingly. The proceeds of such causes of action shall be assignable to the town for payment of such lien irrespective of any other provision of law except section 17b-94. Upon presentation to the attorney for the beneficiary of an assignment of such proceeds executed by the beneficiary or his conservator or guardian, such assignment shall constitute an irrevocable direction to the attorney to pay the town in accordance with its terms.

(b) In the case of an inheritance of an estate by a beneficiary of aid under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, fifty per cent of the assets of the estate payable to the beneficiary or the amount of such assets equal to the amount of assistance paid, whichever is less, shall be assignable to the town. Where the state also has an assignment of such assets under section 17b-94, the total amount of the claims of the state under said section and the town under this subsection shall not exceed fifty per cent of the assets of the estate payable to the beneficiary and the town's assigned share shall be reduced accordingly. The Court of Probate shall accept any such assignment executed by the beneficiary and filed by the town with the court prior to the distribution of such inheritance, and to the extent of such inheritance not already distributed, the court shall order distribution in accordance therewith. If the town receives any assets of an estate pursuant to any such assignment, the town shall

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- be subject to the same duties and liabilities concerning such assigned assets as the beneficiary.
- 748 (c) No claim shall be made, or lien applied, against any payment 749 made pursuant to chapter 135, any payment made pursuant to section 750 47-88d or 47-287, any moneys received as a settlement or award in a 751 housing or employment or public accommodation discrimination case, 752 any court-ordered retroactive rent abatement, including any made 753 pursuant to subsection (e) of section 47a-14h, or section 47a-4a, 47a-5 or 754 47a-57, or any security deposit refund pursuant to subsection (d) of 755 section 47a-21 paid to a beneficiary of assistance under sections 17b-756 122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 757 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, 758 inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-759 350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.
- Sec. 35. Section 17b-250 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):
- 762 When any person has been transferred from the Connecticut 763 Correctional Institution, Somers, the York Correctional Institution, or 764 its maximum security division, the John R. Manson Youth Institution, 765 Cheshire, or a community correctional center to a state hospital, such 766 person's hospital expense prior to the termination of his sentence shall 767 be charged to the state. If any person, transferred from a correctional 768 institution or community correction center is committed to or 769 otherwise remains in a state hospital after the expiration of his 770 sentence, such person's hospital expense shall be paid to the state in 771 the manner provided for payment in sections 17b-122, 17b-124 to 17b-772 132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 773 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, [17b-256,] 774 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-775 747, inclusive.
- Sec. 36. Section 17b-280a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

No payment shall be made under a medical assistance program administered by the Department of Social Services for over-the-counter medications, except for (1) [the medical assistance program established pursuant to section 17b-256, (2)] insulin and insulin syringes, [(3)] (2) nutritional supplements for individuals who are required to be tube fed or who cannot safely ingest nutrition in any other form, and as may be required by federal law, [(4)] (3) smoking cessation medications as provided in section 17b-278a, [(5)] (4) over-the-counter medications and products determined by the Commissioner of Social Services to be appropriate for coverage based on their clinical efficacy, safety and cost effectiveness, and [(6)] (5) over-the-counter medications that are required to be covered pursuant to 42 CFR 440.347, including medications for individuals with specified diagnoses that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, provided the Department of Social Services may also pay for such over-the-counter medications under a medical assistance program or portion thereof that is not subject to 42 CFR 440.347.

Sec. 37. Section 18-87 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

The Commissioner of Correction may transfer any inmate of any of the institutions of the Department of Correction to any other state institution with the appropriate concurrence of the superintendent of such institution or to the Court Support Services Division of the Judicial Branch when the Commissioner of Correction finds that the welfare or health of the inmate requires it. When an inmate, after the expiration of his or her sentence, is committed to or otherwise remains in the institution to which he or she was transferred, the expense of his or her treatment and support shall be paid as provided by sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b, and 17b-743 to

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811 17b-747, inclusive. No transfer of any person who has attained the age 812 of eighteen years shall be made to the Court Support Services Division 813 of the Judicial Branch. No transfer of any person who has not attained 814 the age of eighteen years shall be made to the Court Support Services 815 Division of the Judicial Branch unless the executive director of the 816 Court Support Services Division of the Judicial Branch finds that such 817 person would benefit from a transfer to the Court Support Services 818 Division of the Judicial Branch and agrees to accept such person and 819 such person has given such person's written consent to such transfer. 820 Such person transferred to the Court Support Services Division of the 821 Judicial Branch shall be deemed to be committed to the custody of the 822 executive director of the Court Support Services Division of the 823 Judicial Branch. The executive director of the Court Support Services 824 Division of the Judicial Branch shall have the power to terminate the 825 commitment and release such person at any time the executive director 826 of the Court Support Services Division of the Judicial Branch 827 determines such termination and release would be in such person's 828 best interest, and shall have the power to return such person to the 829 jurisdiction of the Commissioner of Correction. The transfer of any 830 person under this section to the [the] Court Support Services Division 831 of the Judicial Branch shall not result in the person so transferred being 832 in the custody of the Commissioner of Correction and the executive 833 director of the Court Support Services Division of the Judicial Branch 834 for a total of less than the minimum or more than the maximum term 835 such person would have been in the custody of the Commissioner of 836 Correction had such person not been so transferred.

Sec. 38. Subsection (f) of section 52-57 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 1, 2019):

(f) When the other methods of service of process provided under this section or otherwise provided by law cannot be effected, in actions concerning the establishment, enforcement or modification of child support orders other than actions for dissolution of marriage,

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- 844 including, but not limited to, such actions under sections 17b-122, 17b-845 124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138, 846 inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, 847 as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, 848 inclusive, 17b-689b, 17b-743 to 17b-747, inclusive, and 46b-301 to 46b-849 425, inclusive, and chapters 815, 815p, 815t, 815y and 816, and actions 850 to implement garnishments for support under section 52-362, service 851 of process may be made upon a party to the action by one of the 852 following methods, provided proof of receipt of such process by such 853 party is presented to the court in accordance with rules promulgated 854 by the judges of the Superior Court:
 - (1) By certified mail to a party to the action addressed to the employer of such party. Any service of process so sent shall include on the outside envelope the words "To be delivered to the employee in accordance with subsection (f) of section 52-57". The employer shall accept any such service of process sent by certified mail and promptly deliver such certified mail to the employee; or
 - (2) When a party to an action under this subsection is employed by an employer with fifteen or more employees, by personal service upon an official of the employer designated as an agent to accept service of process in actions brought under this subsection. Each employer with fifteen or more employees doing business in this state shall designate an official to accept service of process for employees who are parties to such actions. The person so served shall promptly deliver such process to the employee.
- Sec. 39. Subsection (n) of section 54-56d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 871 1, 2019):
 - (n) The cost of the examination effected by the Commissioner of Mental Health and Addiction Services and of testimony of persons conducting the examination effected by the commissioner shall be paid by the Department of Mental Health and Addiction Services. The cost

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876 of the examination and testimony by physicians appointed by the 877 court shall be paid by the Judicial Department. If the defendant is 878 indigent, the fee of the person selected by the defendant to observe the 879 examination and to testify on the defendant's behalf shall be paid by 880 the Public Defender Services Commission. The expense of treating a 881 defendant placed in the custody of the Commissioner of Mental Health 882 and Addiction Services, the Commissioner of Children and Families or 883 the Commissioner of Developmental Services pursuant to subdivision 884 (2) of subsection (h) of this section or subsection (i) of this section shall 885 be computed and paid for in the same manner as is provided for 886 persons committed by a probate court under the provisions of sections 887 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 888 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, 889 inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-890 350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

Sec. 40. Section 19a-490a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

As used in sections 17b-349, [19a-7b,] 19a-7e and 19a-59b, "community health center" means a public or nonprofit private medical care facility which (1) is not part of a hospital and is organized and operated to provide comprehensive primary care services; (2) is located in an area which has a demonstrated need for services based on geographic, demographic and economic factors; (3) serves low income, uninsured, minority and elderly persons; (4) makes its services available to individuals regardless of their ability to pay; (5) employs a charge schedule with a discount based on income; (6) provides, on an ongoing basis, primary health services by physicians and, where appropriate, midlevel practitioners, diagnostic laboratory and x-ray services, preventive health services and patient care case management; (7) provides for needed pharmacy services either on-site or through firm arrangement; (8) has at least one-half of the full-time equivalent primary care providers as full-time members of its staff; (9) maintains an ongoing quality assurance program; (10) is a participating title XIX

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909 and Medicare provider; (11) has a governing board of at least nine and 910 no more than twenty-five members with authority and responsibility 911 for policy and conduct of the center, the majority of whom are active 912 users of the center and of the nonuser board members, no more than 913 half may derive more than ten per cent of their annual income from the 914 health care industry; (12) provides primary care services at least thirty-915 two hours per week; and (13) has arrangements for professional 916 coverage during hours when the center is closed.

- Sec. 41. Subparagraph (A) of subdivision (8) of section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):
- (8) (A) Develop an emergency medical services data collection system. Each emergency medical service organization licensed or certified pursuant to this chapter [386d] shall submit data to the commissioner, on a quarterly basis, from each licensed ambulance service, certified ambulance service or paramedic intercept service that provides emergency medical services. Such submitted data shall include, but not be limited to: (i) The total number of calls for emergency medical services received by such licensed ambulance service, certified ambulance service or paramedic intercept service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call; (iii) the response time for each licensed ambulance service, certified ambulance service or paramedic intercept service during the reporting period; (iv) the number of passed calls, cancelled calls and mutual aid calls, both made and received, during the reporting period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The data required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service, certified ambulance service or paramedic intercept service and approved by the commissioner, provided

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commissioner shall take into consideration the needs of such licensed ambulance service, certified ambulance service or paramedic intercept service in approving such written or electronic form. The commissioner may conduct an audit of any such licensed ambulance service, certified ambulance service or paramedic intercept service as the commissioner deems necessary in order to verify the accuracy of such reported data.

Sec. 42. Sections 17b-256 and 19a-7b of the general statutes are repealed. (*Effective July 1, 2019*)

This act sha	all take effect as follow	ws and shall amend the following	
sections:			
Section 1	July 1, 2019	19a-6i	
Sec. 2	July 1, 2019	22a-478(n)	
Sec. 3	July 1, 2019	19a-36g(4)	
Sec. 4	July 1, 2019	19a-36 <i>l</i>	
Sec. 5	July 1, 2019	19a-493(b) and (c)	
Sec. 6	July 1, 2019	19a-490(n)	
Sec. 7	July 1, 2019	19a-17(f)	
Sec. 8	July 1, 2019	17b-274a	
Sec. 9	July 1, 2019	17b-274c(a)	
Sec. 10	July 1, 2019	17b-274e	
Sec. 11	July 1, 2019	17b-491c(a)	
Sec. 12	July 1, 2019	19a-127r	
Sec. 13	July 1, 2019	19a-14b(c)	
Sec. 14	July 1, 2019	19a-37b	
Sec. 15	July 1, 2019	19a-495a	
Sec. 16	July 1, 2019	19a-562b	
Sec. 17	July 1, 2019	19a-902	
Sec. 18	July 1, 2019	20-262(b)(2)	
Sec. 19	July 1, 2019	19a-177(10) to (13)	
Sec. 20	July 1, 2019	4-67x(g)(1)	
Sec. 21	July 1, 2019	19a-6q(a)	
Sec. 22	July 1, 2019	19a-37(a) and (b)	
Sec. 23	July 1, 2019	19a-36h(a)	
Sec. 24	July 1, 2019	17a-101(b)	
Sec. 25	July 1, 2019	17a-227a	

Sec. 26	July 1, 2019	20-206bb(h)
Sec. 27	July 1, 2019	7-406
Sec. 28	July 1, 2019	10a-194a
Sec. 29	July 1, 2019	17a-600(b)
Sec. 30	July 1, 2019	17b-124(b)
Sec. 31	July 1, 2019	17b-126
Sec. 32	July 1, 2019	17b-127(c)
Sec. 33	July 1, 2019	17b-128(b)
Sec. 34	July 1, 2019	17b-129
Sec. 35	July 1, 2019	17b-250
Sec. 36	July 1, 2019	17b-280a
Sec. 37	July 1, 2019	18-87
Sec. 38	July 1, 2019	52-57(f)
Sec. 39	July 1, 2019	54-56d(n)
Sec. 40	July 1, 2019	19a-490a
Sec. 41	from passage	19a-177(8)(A)
Sec. 42	July 1, 2019	Repealer section

PH Joint Favorable Subst.